

**LETTER OF INTENT TO ELECT UNIFORM DENTAL BENEFITS EFFECTIVE 1/1/2016**

**WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

Effective January 1, 2016, the Uniform Dental Benefits will no longer be offered through the health plans. Delta Dental will administer the Uniform Dental Benefits for 2016. If a local employer, who participates in the Wisconsin Public Employers' (WPE) Group Health Insurance Program, would like to offer the Uniform Dental Benefits in 2016, the employer must submit this letter of intent signed by the WRS Agent or other authorized personnel. This letter of intent must be received by the Department of Employee Trust Funds (ETF) **no later than September 25, 2015**. There is no obligation for local employers to participate.

In addition to this letter of intent, employers must submit a new resolution form no later than January 1, 2016, through the traditional resolution process affirming that the employer will offer the Uniform Dental Benefit for plan year 2016. The change will be effective January 1, 2016.

For plan years 2017 or later, employers will follow the current resolution process and switch to a program option which offers the Uniform Dental Benefit.

**CERTIFICATION**

As a participating employer in the WPE Group Health Insurance program, this letter confirms our intent to elect uniform dental benefits effective January 1, 2016. Additionally, a new resolution form will be submitted to ETF by no later than January 1, 2016.

Dated this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

\_\_\_\_\_  
Federal Tax Identification Number (FEIN/TIN)

\_\_\_\_\_  
Authorized Employer Representative Name      Title

**69-036-**

\_\_\_\_\_  
ETF Employer Identification Number

\_\_\_\_\_  
Authorized Employer Representative Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address